

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF HEALTH
HEALTH REGULATION AND LICENSING ADMINISTRATION**

Swimming Pool and Spa Incident Reporting Form

Reporting Requirements DCMR 25-C 6423: Pursuant to §6423.2 of Title 25-C of the District of Columbia Municipal Regulations (DCMR), a pool owner, manager, swimming and spa operator, lifeguard, or swimming instructor shall report any death, serious injury, or injury that requires resuscitation or admission to a hospital or complaint of illness attributed to the bather's use of the swimming pool or spa to the Department of Health within 24 hours of the incident. (See Reverse Side of this Form)*

Facility Information	
Facility Name:	
Facility Address:	
Phone:	Email:
Form Completed By:	Phone:
Type of Facility: (Check those that apply) <input type="checkbox"/> Pool <input type="checkbox"/> Spa <input type="checkbox"/> Spray Park <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/> School <input type="checkbox"/> DC DPR <input type="checkbox"/> Apartment/Condominium <input type="checkbox"/> Health Club <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Other: _____	
Injured Person / Complainant	
Name:	Phone:
Address:	
Incident Description (Please describe the incident, conditions that may have contributed, and injuries)	
Date of Incident:	

Type of Incident: <input type="checkbox"/> Drowning (Fatal) <input type="checkbox"/> Near Drowning <input type="checkbox"/> Injury <input type="checkbox"/> Illness <input type="checkbox"/> Other	
First Responder Name:	Phone:
Witness Name:	Phone:
Hospital/Physician Name:	
Contributing Factors	
Entrapment <input type="checkbox"/> Yes <input type="checkbox"/> No	Slippery Surfaces <input type="checkbox"/> Yes <input type="checkbox"/> No
Barriers/Enclosures <input type="checkbox"/> Yes <input type="checkbox"/> No	Missing/Damaged Equipment <input type="checkbox"/> Yes <input type="checkbox"/> No
Certified Lifeguard On-Duty <input type="checkbox"/> Yes <input type="checkbox"/> No	Certified Pool Operator Present <input type="checkbox"/> Yes <input type="checkbox"/> No

Completed forms may be faxed to (202) 535-1359 or emailed to pool.safety@dc.gov

***6423 REPORTING REQUIREMENTS - EMERGENCY NOTIFICATIONS**

- 6423.1 A pool owner, manager, swimming pool and spa operator, lifeguard, or swimming instructor shall report any death, serious injury, or injury that requires resuscitation or admission to a hospital occurring at a swimming pool or spa, to the Department within twenty-four hours (24 hrs.) of the incident.
- 6423.2 A pool owner, manager, swimming pool and spa operator, lifeguard, or swimming instructor shall report a complaint of illness attributed by a bather to use of a swimming pool or spa to the Department within twenty-four (24) hours of the incident.
- 6423.3 The report to the Department shall include the following:
- (a) Name and telephone number or address of the person injured or making a complaint;
 - (b) Date of the incident or onset of illness;
 - (c) Description of the type of injury or complaint;
 - (d) Name and telephone number of the person rendering assistance or first aid;
 - (e) The name of any known hospital, rescue squad or physician providing medical assistance; and
 - (f) Names and telephone numbers of available witnesses to the incident.

SOURCE: Final Rulemaking published at 55 DCR 012845 (December 26, 2008).



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